

Health Care Reform Provisions Impacting Senior Citizens, Baby Boomers Start This Year

HealthReform.gov lists 18 provisions being activated this year; one targets baby boomers, two senior citizens

April 16, 2010 – The Health and Human Services website to provide information about the Health Care Reform Bill – HealthReform.gov – lists 18 provisions of the legislation that take “effect immediately.” Actually, these provisions will be implemented in the first year. This includes two that primarily impact senior citizens – demise of donut hole and free preventive services, and one aimed at early retiring boomers.

The move to eliminate the donut hole in Medicare Part D begins this year with a \$250 rebate to Medicare beneficiaries who fall into this “no coverage” zone of the prescription drug program in 2010. Next year they will receive a 50 percent discount on drugs when they fall into the donut hole. By 2020 the dreaded donut hole will be eliminated.

Another provision many seniors have cheered will make preventive services – those exams that help catch problems early – free. Starting January 1, 2011 co-payments will be eliminated and these services will be exempted from deductibles in Medicare.

Another provision taking effect this year is designed to help today’s baby boomers who have not yet reached age 65. It creates a temporary re-insurance program to help offset the costs of expensive insurance premiums for employers and early retirees age 55 through 64.

Key Provisions That Take Effect Immediately

1. **SMALL BUSINESS TAX CREDITS**—Offers tax credits to small businesses to make employee coverage more affordable. Tax credits of up to 35 percent of premiums will be available to firms that choose to offer coverage. *Effective beginning calendar year 2010.* (Beginning in 2014, the small business tax credits will cover 50 percent of premiums.)
2. **NO DISCRIMINATION AGAINST CHILDREN WITH PRE-EXISTING CONDITIONS**—Prohibits new health plans in all markets plus grandfathered group health plans from denying coverage to children with pre-existing conditions. *Effective 6 months after enactment.* (Beginning in 2014, this prohibition would apply to all persons.)
3. **HELP FOR UNINSURED AMERICANS WITH PRE-EXISTING CONDITIONS UNTIL EXCHANGE IS AVAILABLE (INTERIM HIGH-RISK POOL)**—Provides access to affordable insurance for Americans who are uninsured because of a pre-existing condition through a temporary subsidized high-risk pool. *Effective in 2010.*
4. **ENDS RESCISSIONS**—Bans insurance companies from dropping people from coverage when they get sick. *Effective 6 months after enactment.*
5. **BEGINS TO CLOSE THE MEDICARE PART D DONUT HOLE**—Provides a \$250 rebate to Medicare beneficiaries who hit the donut hole in 2010. *Effective for calendar year 2010.* (Beginning in 2011, institutes a 50% discount on prescription drugs in the donut hole; also completely closes the donut hole by 2020.)
6. **FREE PREVENTIVE CARE UNDER MEDICARE**—Eliminates co-payments for preventive services and exempts preventive services from deductibles under the Medicare program. *Effective beginning January 1, 2011.*
7. **EXTENDS COVERAGE FOR YOUNG PEOPLE UP TO 26TH BIRTHDAY THROUGH PARENTS’ INSURANCE**—Requires new health plans and certain grandfathered plans to allow young people up to

their 26th birthday to remain on their parents' insurance policy, at the parents' choice. *Effective 6 months after enactment.*

8. **HELP FOR EARLY RETIREES**—Creates a temporary re-insurance program (until the Exchanges are available) to help offset the costs of expensive premiums for employers and retirees for health benefits for retirees age 55-64. *Effective in 2010.*

9. **BANS LIFETIME LIMITS ON COVERAGE**—Prohibits health insurance companies from placing lifetime caps on coverage. *Effective 6 months after enactment.*

10. **BANS RESTRICTIVE ANNUAL LIMITS ON COVERAGE**—Tightly restricts the use of annual limits to ensure access to needed care in all new plans and grandfathered group health plans. These tight restrictions will be defined by HHS. *Effective 6 months after enactment.* (Beginning in 2014, the use of any annual limits would be prohibited for all new plans and grandfathered group health plans.)

11. **FREE PREVENTIVE CARE UNDER NEW PRIVATE PLANS**—Requires new private plans to cover preventive services with no co-payments and with preventive services being exempt from deductibles. *Effective 6 months after enactment.*

12. **NEW, INDEPENDENT APPEALS PROCESS**—Ensures consumers in new plans have access to an effective internal and external appeals process to appeal decisions by their health insurance plan. *Effective 6 months after enactment.*

13. **ENSURES VALUE FOR PREMIUM PAYMENTS**—Requires plans in the individual and small group market to spend 80 percent of premium dollars on medical services, and plans in the large group market to spend 85 percent. Insurers that do not meet these thresholds must provide rebates to policyholders. *Effective on January 1, 2011.*

14. **COMMUNITY HEALTH CENTERS**—Increases funding for Community Health Centers to allow for nearly a doubling of the number of patients seen by the centers over the next 5 years. *Effective beginning in fiscal year 2011.*

15. **INCREASES THE NUMBER OF PRIMARY CARE PRACTITIONERS**—Provides new investments to increase the number of primary care practitioners, including doctors, nurses, nurse practitioners, and physician assistants. *Effective beginning in fiscal year 2011.*

16. **PROHIBITS DISCRIMINATION BASED ON SALARY**—Prohibits new group health plans from establishing any eligibility rules for health care coverage that have the effect of discriminating in favor of higher wage employees. *Effective 6 months after enactment.*

17. **HEALTH INSURANCE CONSUMER INFORMATION**—Provides aid to states in establishing offices of health insurance consumer assistance in order to help individuals with the filing of complaints and appeals. *Effective beginning in fiscal year 2010.*

18. **HOLDS INSURANCE COMPANIES ACCOUNTABLE FOR UNREASONABLE RATE HIKES**—Creates a grant program to support States in requiring health insurance companies to submit justification for all requested premium increases, and insurance companies with excessive or unjustified premium exchanges may not be able to participate in the new Health Insurance Exchanges. *Starting in plan year 2011.*